## Case 1:06-cv-00243-MEF-CSC STATE OF 4A 23 BATIS 05/03/2007

## DEPARTMENT OF INDUSTRIAL RELATIONS UNEMPLOYMENT COMPENSATION AGENCY

HageLAINTIFF'S
EXHIBIT

Sam Houston v. L3 Communications

871

Contact Hours: Monday through Friday 8:00am-4:30pm

SAMUEL HOUSTON 765 CORONADO CIRCLE CRESTVIEW, FL 32539

SSAN: XXX-XX-9543 CLAIM DATE: 03/13/05 MAILING DATE: 03/28/05

CALL CENTER:6003

cond	<b>THE CLAIMANT:</b> This notice is a request for you to provide additional terning your claim for unemployment compensation benefits. Read the the important instructions below.	Information checked section(s)
CONC	Section A: This agency has received information from ARMY FLEET SUPPOR- erning your most recent separation from work due to <u>VOLUNTARY QUIT DUE TO</u> DITIONS.	T LLC D HEALTH
0	Section B: Your former employer, , has indicated you have or will receive   Wages, or   Vacation or Holiday parties for the period covering to .	ay in the amount of
ß	Section C: Additional information is needed regarding YOUR ABILITY/AVAILAR	BILITY TO WORK.
qualifi must days f be ma you in period	ORTANT INSTRUCTIONS: You have the right to provide information you dered with regard to the above subject before a determination is made as to wised for benefits. You may provide information by telephoning this number: 2! call this office during our normal business hours as soon as possible, but no la from the mail date above. If you do not respond by telephone by 04/01/05 ade based upon available information. This determination could result in a discovered by the disqualification. (NOTE: If the representative is not available leave a voice mail message including a number where you can call will be returned before a determination is made.)	hether or not you are 1-665-3430. You ter than 4 business, a determination will qualification, holding ued to you for the
	TROY FISHER  U C Representations records.  AUG 2 8 2006	BEN-6-CC ELECTRONIC (07/04) SDL

Neil Smart, Jr. Custockin OF RECORDS